

he could beat them and to show football players how they should do their work.

He is dead too early, and overdoing athletics is responsible. Don't strain your heart; you can't buy new parts."

MEDICAL RESEARCH AND PREVENTIVE MEDICINE

In this issue of CALIFORNIA AND WESTERN MEDICINE are printed two papers worthy of special comment in that they present the viewpoint of men whose work gives them exceptional opportunities for broad outlook in their respective fields. The one paper is by Dr. K. F. Meyer, director of the Hooper Foundation for Medical Research, University of California, and the other is by Dr. Wilfred H. Kellogg of the division of preventable diseases, California State Board of Health.

In contrast to the majority of papers which appear in this and other medical journals, the presentations made in their articles deal with medical activities somewhat dissociated from the routine of daily hospital, office or bedside practice.

The titles of their expositions of activities and progress in their special fields do not mean that they discuss philosophical or theoretical medical matters that are far removed from actual practice. On the contrary, the problems which they present to us have so intimate a relation with daily practice, that without our understanding of them and others of similar nature, there would be but little advance in so-called practical medicine.

* * *

Research in Medicine on the Pacific Coast During 1927-1928.—Doctor Meyer gives a list of current researches and achievements by investigators connected with Pacific Slope institutions that should make every citizen in these states be proud of the record of work so well done. It will be a revelation and almost a shock to many readers of this journal to note the quantity and quality of this research output that so unceasingly and so modestly is so efficiently carried on by medical and associated colleagues in order that more exact facts may be added to the store of knowledge that gives to medicine so much of its real basis as a science.

* * *

Major Groups of Research Which are Considered.—The four divisions under which research is considered by Doctor Meyer show what broad fields of work have been covered by these Pacific Coast investigators. Some of the items will be here noted.

Group Dealing with the Nature of Parasitic Causes of Disease.—In the study of leprosy one of the Hooper Foundation students was sent to Hawaii to continue his studies. Tuberculosis was marked for special work on the tubercle bacilli. Undulant or Malta fever has attracted attention in an effort to find means of better combating the serious menace to our dairy and cattle herds brought about by the spread of *Brucella abortus*,

the bacillus responsible for infectious abortion in bovine animals. The protozoan parasites were also discussed.

Research Into the Nature of the Causes of Other than Infectious Diseases.—Here vitamins, diets and growth, lactation and vitamins, paralysis and vitamins were considered. The 1927 outbreak of mussel poisoning in the bay region near San Francisco was made the subject of special study. It may be added that upon the results of those investigations the State Board of Health promulgated its rules having to do with the collection and sale of mussel fish.

Fundamental Investigations Dealing with Biological Phenomena.—Here studies of hypersensitiveness, anaphylactic shock, overdosage of tuberculin, compensatory hypertrophy, recovery oxidation after muscular exercise and other subjects were discussed.

Research in the Treatment of Disease.—The three foregoing divisions of research dealt with knowledge that makes for a broad perspective and vision of practical workaday problems and the researches are therefore of interest to all physicians who would keep themselves abreast of the times.

Doctor Meyer's fourth division deals with treatment factors. Here topics such as buccal infections, bismuth and syphilis, cancer, low protein and liver diets, subcutaneous blood transfusions, salicylates and ephedrin and morphin substitutes were taken up.

* * *

Thanks of the Profession Due These Research Workers.—It is not possible to read the digest presented by Doctor Meyer without sensing how much of the good results in the daily practice of physicians depends on these coworkers in laboratories and hospitals. It is to be regretted that the same orientation cannot be brought to lay citizens. If they did there would be far fewer lay disciples and adherents to cultist and pseudophilosophical schools of healing.

* * *

Problems of Preventive Medicine.—Dr. Wilfred H. Kellogg of the bacteriological laboratory of the division of infectious diseases of the State Board of Health introduces the subject-matter of his paper with some very interesting historical and philosophical observations which have a bearing on the items later taken up.

He cites yellow and typhoid fevers, cholera and bubonic plague and infantile conditions as examples of disease scourges in which man has or can maintain the position of supremacy if he will but use the facts already proven. The difficulty at times, is to secure adequate lay coöperation in the work.

* * *

Bubonic and Pneumonic Plague.—For instance, in 1924 the city of Los Angeles had a serious scare because of a pneumonic plague outbreak in its Mexican quarter. Fortunately one of the initial cases was recognized early (the story of the recognition of the *Bacillus pestis* in one of the first

patients by a laboratory colleague, Dr. Mona Bettin of Los Angeles, is a story all its own, and is reserved for narrative on a future occasion.) At that time the state and the county and city spared neither effort nor money to combat this menace that would have meant a quarantine to Los Angeles and its port.

How different the stage settings, however, once the immediate scare is past! On several previous occasions mention has been made in this journal of the efforts to secure a rat-proofing building ordinance for the city of Los Angeles. After several years' effort, and in spite of an educational campaign among presumably influential elements of the community, the proposed ordinance is still in Council Committee. It is the old story—that once the immediate danger of a scourge having possibilities of death and vast economic loss is seemingly over, then there is not only noncoöperation, but actual opposition to sane preventive measures. Fortunately in this instance, the record of the medical profession is clear, and in the event of a recurrence the blame will rest on the city officials and those civic organizations and agencies which have failed to do their part in educating an appointed building commission and an elected city council into the seriousness of this plague menace.

So that while the bubonic plague may be a disease that is splendidly handled by the Federal and state governments, it must be acknowledged that in municipalities sane preventive measures are not easily adopted. However, the proponents of the rat-proofing building ordinance for the city of Los Angeles, do not intend to let the matter rest, even though the proposed ordinance is opposed by a peculiar political situation that makes success at the immediate moment seemingly out of the question.

* * *

Examples of Difficult Problems in Disease Prevention.—The facts presented in the preceding paragraph would suggest that, in California, bubonic plague might be placed in this group of difficult problems. The analogy with the malaria situation in the Sacramento Valley as outlined by Doctor Kellogg is evident.

What Should be Our Attitude Regarding Smallpox?—A less good analogy exists as regards smallpox and compulsory vaccination. So much has been written concerning the efficient manner in which vaccination protects from smallpox, that in this day and generation it seems inconceivable that intelligent persons could object thereto. Yet such is the power of pseudophilosophical and cultist groups that it is useless to argue. For himself as an individual, the writer of this column in recent years has revamped his attitude on this question. Formerly he was an ardent adherent of compulsory vaccination. Now he believes this is one of the diseases toward which the medical profession can limit its educational work to dignified presentation of world statistics on the value of vaccination; coupled with statements that the

medical profession believes vaccination to be safe and efficient protection against smallpox, and that all citizens are advised to avail themselves of the procedure. Of course, the clients of physicians should be especially urged to have vaccination done. Then when smallpox comes, physicians, their families and their clients will have protection.

Those who hold that smallpox is a disease existing in the imaginations of physicians will have an opportunity to prove the correctness of their theories. For himself, he believes that after the smallpox epidemics which are certain to occur in California, if the antivaccinationists are victorious (a large nonvaccinated population combined with nonvaccinated Mexicans to bring the disease to them), we shall have a sufficiently large number of nonvaccinated smallpox survivors, whose pock-marked faces on the streets will go far in keeping others from exhibiting similar foolishness in the future.

* * *

Doctor Kellogg's presentation of factors antagonistic to effective disease prevention, of unsolved problems and of future progress in preventive medicine, and of the part which medical men should play in disease prevention is of interest and worthy of earnest thought. Readers of CALIFORNIA AND WESTERN MEDICINE are urged to mark these two articles for perusal.

COUNTY MEDICAL SOCIETY MEETINGS— SCIENTIFIC AND SOCIAL PHASES

Perusal of the reports of county medical societies of the California Medical Association, as they appear in CALIFORNIA AND WESTERN MEDICINE from month to month would indicate that more and more of the component county societies are appreciating how valuable it is to local medical organization and work, when members convene and not only discuss scientific topics, but at the same time break bread one with the other, drop formalities, and welcome and meet one another as brothers, coworkers and colleagues of the same guild. Such a combination of interests is much to be desired, for effective organization work rests not only on loyalty to high professional standards, but also on a solidarity that comes largely through kindly personal regard and coöperation.

It is fair to conclude that when county societies provide meetings in which scientific and fraternal development go constantly hand in hand, that in such communities narrow personal jealousies and misunderstandings will be held down to a minimum, and that the real objects of medical organization in all its phases are more apt to be realized.

* * *

Meetings after this conjoint plan are in one sense easier to carry through in the smaller than in the very large county units. Nevertheless in the smaller societies it costs just as much per member for a simple informal buffet luncheon or supper as it does in the larger units. The handicap in the larger units is that it is difficult for a single